

## Foster Family Home - Corrective Action Report

Provider ID: 1-634429

Home Name: Gracemarie Yap, CNA

Review ID: 1-634429-6

1807 Beckley Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 11/15/2018

End Date:

11/29/18

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/15/18. Corrective Action Report issued during home visit with all items due to CTA by 12/15/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR/first aid training for CG# 1, 2, 3 lapsed: was due on/before 4/01/2018, all done on 7/15/2018.

Angelica Galindo RN  
Compliance Manager

Gracemarie Yap  
Primary Care Giver

11/15/18  
Date

11-15-18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Gracemarie Yap, CNA**  
CCFFH Address: **1807 Beckley St.**  
**Honolulu, HI 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	The 3 months lapse of CPR/first aid training for CG# 1,2,3 can't be corrected.	7/15/18	Will use a reminders and tracking system / notepad to remind us to renew 2 months before expiration.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Gracemarie Yap

Date of Signature: 11/15/2018